

Complete a separate form for each job you wish to use for qualifying experience. Photocopy this form if you need additional copies.

Name: _____

WA L&I # if applicable: _____

Company Name: _____

Company Address:_____

Supervisor's Name: _____ Supervisor's Phone #: _____

Describe the applicable experience the applicant gained while working for this employer. Use additional pages if necessary.

Dates applicant was employed to do the work described above: _____/_____/_____ to _____/_____/_____
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Percentage of time applicant did the work described above:_____ %

I certify that the information contained in this document is complete and accurate to the best of my knowledge.

Employer/Supervisor Signature

Print name of Employer/Supervisor

Title of Employer/Supervisor

Date Signed _____